



Edmund G. Brown Jr., Governor

CERTIFICATE OF REGISTRATION as a CHIROPRACTIC CORPORATION Application

Pursuant to Business and Professions Code section 1051 and Title 16, California Code of Regulations section 367.5, you are required to submit to the Board, for approval, an application to register as a chiropractic corporation. **A \$100.00 fee must be submitted with this application. The fee is non-refundable.**

The name of the corporation and any name or names under which it may be rendering professional services, shall contain the full name or the last name of one or more of its present, prospective, or former shareholders, **and** include the word "chiropractic", **and** the word "corporation" or wording or abbreviations denoting corporate existence, limited to one of the following: "Corp."; "Incorporated"; "Inc"; "Professional Corporation"; "Prof Corp". Keep in mind that once you are registered as a chiropractic corporation, you can not render services under a "DBA".

ATTACH YOUR CERTIFIED ARTICLES OF INCORPORATION FROM THE SECRETARY OF STATE.

ALL BLANKS MUST BE COMPLETED, IF NOT APPLICABLE, ENTER "N/A" – WHEN SPACE PROVIDED IS INSUFFICIENT, ATTACH ADDITIONAL SHEETS OF PAPER. ALL ATTACHMENTS ARE CONSIDERED PART OF THE APPLICATION.

NAME OF CORPORATION				
Corporation Practice Address	Number	Street	City, State	Zip
Contact Person Name and Telephone Number				

CORPORATE OFFICERS / DIRECTORS (Positions of President and Treasurer **must** indicated **and** are required to be held by licensed chiropractors. The positions of Vice-President and Secretary can be held by non-licensed persons.)

Title and Name	Address, if different from above	DC License #
PRESIDENT Name:		
VICE-PRESIDENT Name:		
SECRETARY Name:		
TREASURER Name:		
OTHER (<i>indicate title</i>) Name:		
OTHER (<i>indicate title</i>) Name:		

T (916) 263-5355
F (916) 263-5369
TT/TDD (800) 735-2929
Consumer Complaint Hotline
(866) 543-1311

Board of Chiropractic Examiners
2525 Natomas Park Drive, Suite 260
Sacramento, California 95833-2931
www.chiro.ca.gov

FOR OFFICE USE ONLY

Date Cashiered _____
Amount Rec'd \$ _____

SHAREHOLDER(S) (ALL Shareholders **must** be licensed chiropractors)

Title and Name	Address, if different from above	DC License #	% of shares
Name:			
Name:			
Name:			
Name:			

EMPLOYEES - List all licensees who will render professional services

(including officers or shareholders already listed)

NAME	Address, if different from above	DC License #
Name:		
Name:		
Name:		
Name:		
Name:		

DECLARATION OF APPLICANT

I am an officer of _____ Corporation and as such make
(name of corporation)

this declaration on behalf of said corporation. I have read the foregoing application and all attachments thereto and know the contents thereof. I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed at _____, California, this _____ day of _____, 20____.
(City)

NOTE: Must be executed by an officer
Who is a licensed chiropractor.

By _____
Print Name

Signature

Title